

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF CORRESPONDENCE
ADDRESS**

Application Number	10/684,222
Filing Date	10/10/2003
First Named Inventor	Allan O. Devantier
Art Unit	2614
Examiner Name	Paul Disler
Attorney Docket No.	11336/433 (P03059US)
Confirmation No.	8660

To: Commissioner For Patents
PO Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above-identified application, and

- ☐ all the practitioners of record.
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s), or
- ☒ the practitioners of record associated with Customer No.:

81166

NOTE: The immediately preceding box should only be checked when the practitioners of record in the application were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> 10.40(b)(1) | <input type="checkbox"/> 10.40(b)(2) | <input type="checkbox"/> 10.40(b)(3) | <input checked="" type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2) | <input type="checkbox"/> 10.40(c)(3) |
| <input type="checkbox"/> 10.40(c)(4) | <input type="checkbox"/> 10.40(c)(5) | <input type="checkbox"/> 10.40(c)(6)** | |

**Please explain 10.40(c)(6) below:

CERTIFICATIONS

Check each box below that is factually correct.

WARNING: If a box is left unchecked, the request will likely not be approved.

- ☒ We have given reasonable notice to the client, prior to the expiration of any response period we are aware of, that the practitioner(s) intend to withdraw from employment.
- ☒ We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) that we are presently aware of to which the client is entitled.
- ☒ To the best of our knowledge we have notified the client of any responses that may be due and the timeframe within which the client must respond.

Please provide an explanation, if necessary:

Robert Hart, Esq. is a representative of the Assignee for this case. A Change of Correspondence Address with the Address of Assignee's representative Robert Hart is provided herewith.

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that is properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer No.:

--

OR

B. ☒ Inventor or Assignee Name Harman International Industries, Incorporated c/o Robert Hart

Address 8500 Balboa Boulevard

City Northridge

State CA

Zip 91329

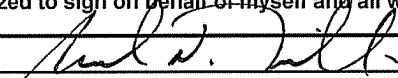
Country US

Tel #

Emai

I am authorized to sign on behalf of myself and all withdrawing attorney(s)/agents(s).

Signature



Name Sanders N. Hillis

Registration No.

45,712

Address 201 N. Illinois Street, Suite 1100

City Indianapolis

State IN

Zip 46204

Country US

Tel #

317-636-0886

Date

August 28, 2009

Note: Withdrawal is effective when approved rather than when received.